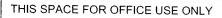


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWA!! STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of Fillit Clearly)		
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Anonsen	William	Finn	808 232-1831
MAILING ADDRESS (Street)			FAX
P.O. Box 6387			808 235-5660
(City)	(State)	(Zip Code)	
Kaneohe	Hawaii	96744	
EMPLOYING ORGANIZATION (Fill in only if you are e	mployed by a business entity which has been	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Kalaeloa Barbers Point H	808 232-1831		
MAILING ADDRESS (Street)		FAX	
P.O. Box 6387		808 235-5660	
(City)	(State)	(Zip Code)	
Kaneohe	Hawaii	96744	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
William F. Anonsen		808 232-1831	
MAILING ADDRESS (Street)		FAX	
P.O. Box 6387		808 235-5660	
(City)	(State)	(Zip Code)	
Kaneohe	Hawaii	96744	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION	N OF LORDWINE				
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Thereby certify that th	e information furnished above	e is, to the best of my knowled	lge, correct and complete.		
Willia	in y Whom		1/2-/		
(Signature of Lobbyist) (Det			122/07		
	(July 10 of Lobbyist)		(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME ASTRONIZATI	ON TO LOBB!	TITLE OF AUTHORITING			
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
William Anonsen		Chairman			
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Kalaeloa Barbers Point Harbor Advisory Council					
	Tarbor Mavisory Council		808 232-1831		
MAILING ADDRESS (Street)			FAX		
P.O. Box 6387					
			808 235-5660		
(City)	(State)		I(Zip Code)		
Kaneohe	Hawaii	· · · /			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
1,100.	De Maria de la constitución de l	gage in loobying activities on t	penait of the undersigned.		
- William	. a Chonse		1/22/07		
(Signature of Au	thorizing Officer or Person Represe	ented)	(Date)		